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							Á	Application or Docket Number				
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Effective October 1, 2003											B	
	CLAIMS AS	FILED -	PART	ı			SMALL E	NTITY		OTHER		
(Column 1) (Column 2)							TYPE [OR	SMALL	ENTITY	
TOTAL CLAIMS		15				•	RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS		/ minus 20=		• 70			X\$ 9=		OR	X\$18=	7	
INDEPENDENT CLAIMS		5 minus 3 =		*2			X43=	34	٥	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT							+145=	100	1	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	471	4 1	TOTAL			
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	(Column 1)	T			(Column 3)	1						
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Total									1	.000		
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`	CLAIMS REMAINING		HIGH	IEST IBER	PRESENT			ADDI-			ADDI-	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

Minus

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

OR

X\$ 9=

X43=

+145=

ADDIT. FEE

TOTAL

X\$18=

X86=

+290=

OR ADDIT. FEE

Total

Independent

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."